

Tab 9 BKK Ex. 9

B 10 (Official Form 10) (12/08 Modified CEM)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
In re Chemtura Corporation, et al., Case No. 09-11233 (REG) (Jointly Administered)		
Name of Debtor: Great Lakes Chemical Corporation	Case Number: 09-11247	
NOTE: This form should not be used to make a claim for administrative expenses arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503(a).		
Name of Creditor (the person or other entity to whom the debtor owes money or property): BKK Joint Defense Group c/o James J. Dragna Bingham McCutchen LLP 355 S. Grand Ave., Ste. 4400, Los Angeles, CA 90071 Tel.: (213) 680-6400		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
If address and name different from above, please provide the name and address where notices should be sent: Creditor Name: Address: City/State/ZIP Telephone number:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ See attached addendum \$ _____ \$ _____ \$ _____ (Unsecured) addendum (Secured) (Priority) (Total) If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a) or 11 U.S.C. § 503(b)(9). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtors business, whichever is earlier — 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units — 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). Amount entitled to priority: \$ _____
2. Basis for Claim: See attached addendum (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: n/a 3a. Debtor may have scheduled account as: n/a (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. If the supporting documents are in excess of 100 pages, you may attach a summary of them and a list of each document you have relied upon. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
Date: 10/29/09 Signature:  the person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.		FOR FILE ONLY RECEIVED OCT 30 2009

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. § 1573. **KURTZMAN CARSON CONSULTANTS**

- ☒ Date Stamped Copy Returned
☐ No self addressed stamped envelope
☐ No copy to return

BINGHAM

Connie Salcido Delgado
Direct Phone: 213.68 0.6550
Direct Fax: 213.830.8744
connie.delgado@bingham.com

October 30, 2009

Via Hand Delivery

Chemtura Claims Processing Center
c/o Kurtzman Carson Consultants
2335 Alaska Avenue
El Segundo, CA 90245

**Re: In re Chemtura Corporation, Case No. 09-11233 (REG)
United States Bankruptcy Court, Southern District of New
York**

Dear Sir/Madam:

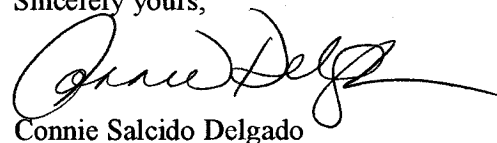
Enclosed please find Proofs of Claims on behalf of the BKK Joint Defense Group for the five Chemtura Corporation debtors listed below:

- (1) Chemtura Corporation; 09-11233
- (2) GLCC Laurel, LLC; 09-11246
- (3) Great Lakes Chemical Corporation; 09-11247
- (4) ISCI, Inc.; 09-11252
- (5) Uniroyal Chemical Company Limited (Del.). 009-11258

Please file the original and return a file/date stamped copy to the messenger.

Please call me if you have any questions. Thank you.

Sincerely yours,


Connie Salcido Delgado

Enclosures

Boston
Hartford
Hong Kong
London
Los Angeles
New York
Orange County
San Francisco
Santa Monica
Silicon Valley
Tokyo
Walnut Creek
Washington

Bingham McCutchen LLP
Suite 4400
355 South Grand Avenue
Los Angeles, CA
90071-3106

T 213.680.6400
F 213.680.6499
bingham.com

In re Chemtura Corporation, et al.
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**ADDENDUM TO PROOF OF CLAIM OF
THE BKK JOINT DEFENSE GROUP AND EACH MEMBER THEREOF
INCLUDING STATEMENT OF CLAIM AND SUPPORTING EXHIBITS**

1. This Proof of Claim ("Claim") is filed on behalf of the unincorporated group of entities referred to as the BKK Joint Defense Group (the "Group") and each individual member thereof (each a "Group Member," collectively "Group Members"), for that share of all expenses, damages, and response costs owed to the Group by one or more of the Debtors (the "Debtors") in the above-captioned bankruptcy proceedings, arising out of or in any other way related to, directly or indirectly, liabilities in connection with a 583-acre landfill facility located at 2210 South Azusa Avenue, West Covina, California (the "Facility"). Attached as Exhibit A hereto, and incorporated herein by reference, is a list identifying the name of each Group Member as of the date of this Claim. The signatory to this Proof of Claim is counsel for the Group, including each Group Member in such capacity, and counsel has been authorized by each Group Member to execute and file this Claim on behalf of the Group and the Group Members.

2. On March 18, 2009 (the "Petition Date"), the Debtors filed a voluntary petition for relief under chapter 11 of title 11 of the United States Code, 11 U.S.C. §§ 101 *et seq.* (the "Bankruptcy Code").

3. The Facility consists of a hazardous waste landfill, a municipal waste landfill, and associated treatment and control facilities, and is currently owned and operated by BKK Corporation ("BKK"). As current owner of the Facility, BKK is subject to certain post-closure care obligations and certain regulatory requirements under state and federal environmental laws. On October 18 and 20, 2004, BKK notified the California Department of Toxic Substances Control ("DTSC") that it would not be able to continue funding its post-closure and other obligations with respect to the Facility beyond November 17, 2004.

4. Pursuant to a settlement with DTSC, the Group has performed certain operation, maintenance, and monitoring activities at the Facility and has paid to DTSC certain response costs associated with the Facility. The Group expects to enter into a successor settlement with DTSC shortly, under which it will continue to perform certain operation, maintenance and monitoring activities at the Facility and will continue to pay to DTSC certain response costs associated with the Facility.

5. On information and belief, prior to the Petition Date, certain state and/or federal regulatory agencies may have identified one or more of the Debtors as potentially responsible parties ("PRPs") under the Comprehensive Environmental Response, Compensation and Liability Act, 42 U.S.C. § 9601 *et seq.* ("CERCLA"), and/or other state or federal environmental laws, because of their status as prior owners or operators of the Facility, or because they had either generated or arranged for the disposal of materials at the Facility.

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6. The Group believes that, as of the date of this Proof of Claim, several of the Debtors had generated waste that was deposited at the Facility, or may have arranged for waste to be deposited at the Facility, including:

- **Chemtura Corporation** (operating under the names Allied Kelite Company; DeSoto, Inc.; Golden Bear Oil Co.; Halby Chemical; Halby Products, Inc.; Humko; Richardson Graphics Company; Sigma Chemicals, Inc.; Southwest Petro-Chem, Inc.; Uniroyal Chemical Company, Inc.; Uniroyal Chemical Corporation; Uniroyal Chemical Specialties, Inc.; and/or Witco Corporation);
- **Great Lakes Chemical Corporation;**
- **Great Lakes Chemical Global, Inc.;**
- **ISCI, Inc.** (operating under the name Inland Specialty Chemical Corporation); and
- **Uniroyal Chemical Company Limited (Del.).**

7. The waste manifests indicating that these Debtors deposited waste at the Facility are voluminous. Therefore, the Group has attached representative waste manifests for each such Debtor to this Proof of Claim as Exhibit B. Any party in interest may review the additional waste manifests by contacting the attorney for the Group as identified on the face of the Proof of Claim form.

8. On information and belief, based on their status as PRPs at the Facility, several of the Debtors may be liable to the Group under common law and applicable state and federal environmental statutes, including, without limitation, jointly and severally liable for recoverable response costs under section 107(a) of CERCLA and liable in contribution under section 113(f) of CERCLA. Past recoverable costs to date are in excess of \$35 million. Future recoverable costs are estimated to be in excess of \$500 million.

9. The Group, on behalf of itself and each Group Member, reserves its rights to amend this Claim from time to time to restate amounts contained in this Claim as it becomes further liquidated, and for other lawful purposes, including, without limitation, to file additional proofs of claim for additional sums that become due based on the respective rights and obligations established under the documents referred to herein, the relationships described herein or the events and circumstances described herein.

10. The Group, on behalf of itself and each Group Member, reserves its rights to claim all amounts due in respect of any post-Petition interest, default interest, all rights of and to indemnification, premiums, collection costs, pre- and post-Petition Date fees, costs and expenses, including, without limitation, attorneys' fees, costs and expenses, in amounts as yet undetermined, to the extent allowed by applicable law.

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11. This Claim is filed under the compulsion of the bar date established in this chapter 11 case and is filed to protect the Group and the Group Members from forfeiture of claims by reason of said bar date. Filing of this Claim is not and shall not be deemed or construed as:

- (a) a waiver or release of the Group's or any of the Group Members' rights against any person, entity or property (including, without limitation, any person or entity that is or may become a debtor in a case pending in this Court);
- (b) a consent by the Group or any of the Group Members to the jurisdiction of this Court or any other court with respect to proceedings, if any, commenced in any case against or otherwise involving the Group or any Group Members;
- (c) a waiver or release of the right of the Group or of any of the Group Members to trial by jury in this Court or any other court in any proceeding as to any and all matters so triable herein, whether or not the same be designated legal or private rights, or in any case, controversy or proceeding related hereto, notwithstanding the designation or not of such matters as "core proceedings" pursuant to 28 U.S.C. § 157(b)(2), and whether such jury trial right is pursuant to statute or the United States Constitution;
- (d) a consent by the Group or any of the Group Members to a jury trial in this Court or any other court, in any proceeding as to any and all matters so triable herein or in any case, controversy or proceeding related hereto, pursuant to 28 U.S.C. § 157(e) or otherwise;
- (e) a waiver or release of the right of the Group or any of the Group Members to have any and all final orders in any and all non-core matters or proceedings entered only after de novo review by a United States District Court Judge;
- (f) a waiver of the right to move to withdraw the reference with respect to the subject matter of this Proof of Claim, any objection thereto or other proceeding which may be commenced in this case against or otherwise involving the Group or any of the Group Members;
- (g) an election of remedies; or
- (h) a waiver or release of any right of setoff or recoupment that the Group or any Group Members may hold against any of the Debtors. Furthermore, the Group reserves the right to attach or bring forth additional documents supporting its claims.

12. The filing of this Proof of Claim shall not be deemed a waiver of the right of the Group or of any Group Members to assert that any or all of the amounts owed to it, if any, are entitled to administrative priority status or other priority status.

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13. This Claim is filed in addition to and not in lieu of any other claim filed by any division of the Group or the Group Members or by any of their affiliates.

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EXHIBIT A

Members of the BKK Joint Defense Group

American Honda Motor Co., Inc.
Anadarko Petroleum Corporation
Atlantic Richfield Company
Bayer CropScience Inc.
Chemical Waste Management, Inc.
Chevron Environmental Management Company
City of Los Angeles, Department of Water and Power
ConocoPhillips Company
Ducommun Aerostructures, Inc.
Exxon Mobil Corporation
General Motors Corporation
Honeywell International Inc.
Huntington Beach Company
McFarland Energy, Inc.
National Steel and Shipbuilding Company
Northrop Grumman Corporation
Quemetco, Inc.
Rohr, Inc.
Shell Oil Company
Southern California Edison Company
Thums Long Beach Company
Union Carbide Corporation
Union Oil Company of California
Waste Management Collection and Recycling, Inc.
Western Waste Industries, Inc.
Xerox Corporation

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EXHIBIT B

Representative Waste Manifests

CALIFORNIA HAZARDOUS WASTE
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

DES FOR
PLEASE TYPE
EARLY.
LESS HARD
RATOR (GENERATOR MUST COMPLETE)

NAME ALICE KELITE
EPA NO. 010000000000000000
ADDRESS 123 N. MAIN ST.
CITY, STATE, ZIP CODE LA CA 90001
PHONE NO. 213 921 0433
ORDER PLACED BY DATE 5/17/10
P.O. CONTRACT NO.

DESIGNATED TSD FACILITY
(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME ALICE KELITE
EPA NO. 010000000000000000
ADDRESS 123 N. MAIN ST.
CITY, STATE, ZIP CODE LA CA 90001
PHONE NO. 213 921 0433

U.S. DOT PROPER SHIPPING NAME
WASTE
WASTE

U.S. DOT HAZARD CLASS
UN/NA I.D. NO.
WEIGHT OR VOLUME
UNITS
CONTAINERS NUMBER
DUMPS
TANKS
BAGS
OTHER
DUMP TRUCK

WASTE CATEGORY
LIST COMPONENTS:
A
B
C
D
WASTE PROPERTIES:
PH
SOLID
LIQUID
FLAMMABLE
CORROSIVE IRRITANT
GAS
OTHER
SPECIAL HANDLING INSTRUCTIONS:
GLOVES
GOGGLES

EX. HAZ. WASTE PERMIT NO.
CONC. RANGE
UPPER
LOWER
UNITS
PPM
E
F
G
NONHAZARDOUS MATERIAL
REACTIVE
SENSITIZER
CARCINOGEN MUTAGEN
OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

TRANSPORTER (HAULER MUST COMPLETE)
NAME ATS LIQUID WASTE DISPOSAL
EPA NO. 010000000000000000
ADDRESS 13858 E. Rosecrans
CITY, STATE, ZIP CODE Santa Fe Springs, CA 90670
PHONE NO. (213) 921 0433

JOB NO. 4815
UNIT NO. 5
PICK UP DATE 2/16/10
TIME AM

TSD FACILITY (OPERATOR MUST COMPLETE)
NAME BKK
EPA NO. 010000000000000000

INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:
QUANTITY OF MATERIALS
STATE FEE (IF ANY) \$
HANDLING OR DISPOSAL METHOD
SURFACE IMPROVEMENT
INJECTION WELL
TREATMENT (SPECIFY)
RECOVERY OR REUSE
STORAGE TRANSFER

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO.
REVISED 11/80

SIGNATURE OF AUTHORIZED AGENT & TITLE
2-17-83
DATE ACCEPTED

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

MANIFEST NUMBER 498-N 001399

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

NAME ALLIED KELITE
EPA NO. 0253461237612
ADDRESS 225 N. MAIN
CITY, STATE, ZIP CODE LA 922-0201
PHONE NO. 222-0201
ORDER PLACED BY
P.O. CONTRACT NO.

DESIGNATED TSD FACILITY

NAME BKK WA
EPA NO. 0253461237612
ADDRESS 225 N. MAIN
CITY, STATE, ZIP CODE LA 922-0201
PHONE NO. 222-0201

ALTERNATE TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER	DRUMS	BAGS	CARTONS	DUMP TRUCK
WASTE			825	30L					
WASTE									

WASTE CATEGORY

LIST COMPONENTS: CONC RANGE UPPER LOWER

A MUD
B SILICATES
C PHOSPHATES
D SODA ASH
WASTE PROPERTIES: PH 5 TOXIC 5 FLAMMABLE 5
PHYSICAL STATE: SOLID 5 LIQUID 5 SLUDGE 5
SPECIAL HANDLING INSTRUCTIONS: GLOVES 5 GOGGLES 5

WASTE PROPERTIES: PH 5 TOXIC 5 FLAMMABLE 5
PHYSICAL STATE: SOLID 5 LIQUID 5 SLUDGE 5
SPECIAL HANDLING INSTRUCTIONS: GLOVES 5 GOGGLES 5

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.

TRANSPORTER (HAULER MUST COMPLETE)

NAME A.T.S. LIQUID WASTE DISPOSAL

EPA NO. 0253461237619
ADDRESS 13858 E. Rosecrans
CITY, STATE, ZIP CODE Santa Fe Springs, CA 90670
PHONE NO. (213) 9210433

JOB NO. 4705
UNIT NO. 5

PICK UP DATE 1-3-83
TIME AM PM

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME BKK
EPA NO. 0253461237619

INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME
EPA NO.
REVISED 11/80

QUANTITY MEASURED 568
STATE FEE 1397
STATE FEE 1397

LANDFILL
SURFACE IMPOUNDMENT
INJECTION WELL
TREATMENT (SPECIFY)
RECOVERY OR REUSE

STORAGE TRANSFER
1-5-83
DATE ACCEPTED

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

Revised December 1974

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): DE SOTO Code No.
Pick up Address: 613 W. Grove (City) Orange City
Telephone Number: 714 847-1072 P.O. of Contract No.:
Order Placed By: D. DeSoto Date: 5-18-80

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): STEVEYSON BROS Code No.
Business Address: 18062 Gothard (BX 335), Huntington Bch, CA 92648
Telephone Number: 714 847-1072 Pick Up: (Date) 57 Time:
State Liquid Waste Hauler's Registration No. (if applicable):

Type of Process which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling--Code No.
wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

- Check type of wastes:
- ☐ Acid solution
 - ☐ Alkaline solution
 - ☐ Pesticides
 - ☒ Paint sludge WATER BAGS
 - ☐ Solvent
 - ☐ Tetraethyl lead sludge
 - ☐ Chemical toilet wastes
 - ☐ Tank bottom sediment
 - ☐ Oil
 - ☐ Drilling mud
 - ☐ Contaminated soil and sand
 - ☐ Cannery waste
 - ☐ Latex waste
 - ☐ Mud and water
 - ☐ Brine

☐ Other (Specify) Code No.

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration: %	Upper	Lower	ppm
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:
PH ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive
Bulk Volume: 3500 ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)
Containers: (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)
Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (specify)
Special Handling Instructions (if any): in one

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)
Name (print or type): BKK Landfill Code No.
Site Address: 220 BKK Landfill

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RMOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 6.39 State fee (if any):

Handling Method(s):

- ☐ recovery
☒ treatment (specify):
☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well
☐ other (specify): Code No.

If waste is held for disposal elsewhere specify final location:

Disposal Date: 6-18-80
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

No 2805

INGE, CALIFORNIA 92668

5761 X08 1

tenant post-office and PAYING address of shipper.

Desoto, Inc.

Agent, Per-

MAIL FREIGHT BILLS IN DUPLICATE TO PERMANENT P. O. ADDRESS SHOWN BELOW →

[illegible]

SEAL NO.

ON

ON

ON

POSSIBLE PALLET

TAL PALLETS

	SALT	CANS	BOATS
01-03			
04			
07			
15-17			
18			
22			
25			
35			
37			
40			
42			
55			
99			
65			
70			
ENVY			
HAT			

M-6
201
F0170

assigned to

and the conditions of the said contract are hereby agreed to by the sh

ORANGE, CALIF. _____
Sep 7

Pick-up

HIS SHIPPING ORDER
must be
CEDED, subject to the classifications and tariffs in

INDUSTRIAL WASTE HAULERS REPORT

PRODUCER OF LIQUID WASTE

Name Desco, Inc.

Pick up Address:

Type of process which produced

which produced wastes:

I certify that the described waste was delivered to the hauler named below for legal disposal at the site indicated.

B. C. Brown
Signature of Producer or Authorized Agent and Title

Signature of Producer or Authorized Agent and Title

HAULER

Name _____

Public

number

I certify that

Business License Truck Tag No. #190

William *William*
Signature of Hauler

DISPOSAL FACILITY

Name

Site Address

I certify that the hauler above delivered the described liquid waste to this disposal facility and it was an acceptable material under the terms of an ~~Industrial Waste Disposal Permit~~.

IF WASTE IS HELD FOR DISPOSAL ELSEWHERE

SPECIFY FINAL LOCATION

Signature of Waste Disposal Facility Operator

OK on bal

The original of this certificate must be promptly forwarded to Mr. John A. Lamble, County Engineer, Room 236, County Engineering Bldg., 108 W. 2nd Street, Los Angeles, Calif. 90012.

CALIFORNIA HAZARDOUS WASTE MANIFEST

0023300

Manifest Number 009-088283

See reverse side for Instructions.
Please type or print clearly. Press Hard.

GENERATOR (Generator Must Complete) Name: <u>GOLDEN BEAR</u> EPA NO.: <u>0000000000</u> Address: <u>4000 E WASHINGTON</u> City, State, Zip: <u>261-4714</u>		Designated TSD Facility (Authorized to operate under an approved state program or federal program) Name: <u>RRKK</u> EPA NO.: <u>CA00007786749</u> Address: <u>2210 30 4 21512</u> City, State, Zip: <u>111</u>		Alternate TSD Facility Name: <u> </u> EPA NO.: <u> </u> Address: <u> </u> City, State, Zip: <u> </u>	
U.S. DOT PROPER SHIPPING NAME WASTE: <u>WATER</u> WASTE: <u>WATER</u>		U.S. DOT HAZARD CLASS UN/NA ID NO.: <u> </u> WEIGHT OR VOLUME: <u> </u> UNITS: <u> </u>		CONTAINERS NUMBER: TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER <u> </u>	
WASTE CATEGORY LIST COMPONENTS: <u>WATER</u> A. <u>WATER</u> B. <u>WATER</u> C. <u>WATER</u> D. <u>WATER</u>		EX. HAZ. WASTE PERMIT NO. RANGE LOWER: <u> </u> RANGE UPPER: <u> </u> UNITS: <u> </u>		GENERATING PROCESS <u>RAIN WATER</u>	
WASTE PROPERTIES: pH: <u>7.07</u> Toxic: <input type="checkbox"/> Solid: <input type="checkbox"/> Liquid: <input type="checkbox"/> Sludge: <input type="checkbox"/> Gas: <input type="checkbox"/> Other: <u> </u> SPECIAL HANDLING INSTRUCTIONS: <u> </u>		WASTE PROPERTIES: pH: <u> </u> Toxic: <input type="checkbox"/> Solid: <input type="checkbox"/> Liquid: <input type="checkbox"/> Sludge: <input type="checkbox"/> Gas: <input type="checkbox"/> Other: <u> </u> SPECIAL HANDLING INSTRUCTIONS: <u> </u>		WASTE PROPERTIES: pH: <u> </u> Toxic: <input type="checkbox"/> Solid: <input type="checkbox"/> Liquid: <input type="checkbox"/> Sludge: <input type="checkbox"/> Gas: <input type="checkbox"/> Other: <u> </u> SPECIAL HANDLING INSTRUCTIONS: <u> </u>	
GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.					
TRANSPORTER (HAULER MUST COMPLETE) NAME: <u>CHANCELLOR & OGDEN, INC.</u> EPA NO.: <u>CA00007786749</u> ADDRESS: <u>3031 East "I" Street</u> CITY, STATE, ZIP: <u>Wilmington, California 90744</u> PHONE NO.: <u>(213) 432-8461</u>					
TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE) NAME: <u>RRKK</u> EPA NO.: <u>CA00007786749</u> PHONE NO.: <u>965-0916</u> ADDRESS: <u> </u> CITY, STATE, ZIP: <u> </u>					
QUANTITY (If Measured) 18 QUANTITY (If Measured): <u>20.19</u> 19 STATE FEE (If Any): <u> </u>					
HANDLING OR DISPOSAL METHOD: <input type="checkbox"/> Surface Impoundment <input type="checkbox"/> Landfill <input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment <input type="checkbox"/> Treatment (Specify): <u> </u> <input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer					
SHIPMENT: IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: <u> </u>					
SIGNATURES: GENERATOR: <u> </u> TRANSPORTER: <u> </u> TSD FACILITY: <u> </u>					
DATE: GENERATOR: <u> </u> TRANSPORTER: <u> </u> TSD FACILITY: <u> </u>					

ORIGINAL

REVISED 11-80

CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

Manifest Number **210-012880**

See reverse side for Instructions.
Please type or print clearly. Press Hard.

<p>1 (Generator Must Complete)</p> <p>2 Name <u>GRAPT LAKES CHEN</u></p> <p>EPA NO. <u>CA0007953290</u></p> <p>Address <u>17461 PERINA, Phone No. 556-1153</u></p> <p>City, State, Zip <u>LA BURN CA 92044</u></p> <p>Order Placed By <u>G. B. Bell</u> DATE <u>4-20-82</u></p> <p>P.O. CONTRACT NO. _____</p>		<p>3 DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)</p> <p>Name <u>BKK LANDFILL</u></p> <p>EPA NO. <u>CA00067786749</u></p> <p>Address <u>2210 S. Azusa Ave.</u></p> <p>City, State, Zip <u>W. Covina, California 91722</u></p> <p>Phone No. <u>(213) 965-0911</u></p>		<p>4 ALTERNATE TSD FACILITY</p> <p>Name _____</p> <p>EPA NO. _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Phone No. _____</p>	
<p>5 U.S. DOT PROPER SHIPPING NAME</p> <p>HAZARD CLASS <u>POISON 1580</u></p> <p>WASTE <u>CHLOROPACEN</u></p> <p>WASTE <u>FLAME S1 RESORCE</u></p>		<p>6 WASTE CATEGORY <u>19</u></p> <p>LIST COMPONENTS</p> <p>7 EX. HAZ. WASTE PERMIT NO. _____</p>			
<p>8 GENERATING PROCESS</p> <p>CONTAINERS: NUMBER <u>511</u></p> <p>TYPE: <input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS</p> <p><input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER _____</p>		<p>9 WASTE PROPERTIES: pH _____</p> <p>10 PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Sludge</p> <p>11 SPECIAL HANDLING INSTRUCTIONS: <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator</p>			
<p>12 WASTE PROPERTIES: <input type="checkbox"/> Toxic <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactant <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen</p> <p>13 WASTE PROPERTIES: <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactant <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen</p> <p>14 WASTE PROPERTIES: <input type="checkbox"/> Volatile <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Sludge</p>		<p>15 WASTE PROPERTIES: <input type="checkbox"/> Non-Hazardous Material _____ %</p> <p>16 WASTE PROPERTIES: <input type="checkbox"/> Non-Hazardous Material _____ %</p>			
<p>17 NAME <u>FALCON DISPOSAL SERVICE</u></p> <p>EPA NO. <u>CA00000048934</u></p> <p>ADDRESS <u>3031 East "I" Street</u> PHONE NO. <u>(213) 432-8461</u></p> <p>CITY, STATE, ZIP <u>Wilmington, California 90744</u></p>		<p>18 NAME <u>BKK LANDFILL</u></p> <p>EPA NO. <u>CA00067786749</u></p> <p>PHONE NO. <u>(213) 965-0911</u></p>			
<p>19 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:</p> <p>IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:</p>		<p>20 NAME _____</p> <p>EPA NO. _____</p>			
<p>21 NAME _____</p> <p>EPA NO. _____</p>		<p>22 NAME _____</p> <p>EPA NO. _____</p>			

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

13 Gary Bell ASST. MGR Date Shipped 4-21-82

(HAULER MUST COMPLETE)

14 NAME FALCON DISPOSAL SERVICE

EPA NO. CA00000048934

ADDRESS 3031 East "I" Street PHONE NO. (213) 432-8461

CITY, STATE, ZIP Wilmington, California 90744

JOB NO. 47692

UNIT NO. 309

15 PICK-UP DATE 4-21-82

TIME 4-21-82 AM ☐ PM ☐

16 Alex Driver Date _____

(FACILITY-OPERATOR MUST COMPLETE)

17 NAME BKK LANDFILL

EPA NO. CA00067786749

PHONE NO. (213) 965-0911

18 QUANTITY (If Measured) 54.26

19 STATE FEE (If Any) \$ 4.26

20 HANDLING OR DISPOSAL 100%

☐ Surface Impoundment ☐ Injection Well ☐ Land Treatment

☐ Treatment (Specify) _____

☐ Recovery or Reuse ☐ Storage/Transfer

21 4/21/82 Date Accepted _____

Signature of Authorized Agent and Title _____

ORIGINAL

CALIFORNIA LIQUID WASTE HAULER RECORD STATE WATER RESOURCES CONTROL BOARD STATE DEPARTMENT OF HEALTH

Revised December 1974

009-012364

PRODUCER OF WASTE (Must be filled by producer)

Name: Waste Hauler CODE NO.

Pick up Address: 10383 (NUMBER) 15th St (STREET) San Diego (CITY) CA 92115 (ZIP)

Telephone Number: P.O. or Contract No.: 15661

Order Placed By: Harker Paint Date: 1-8-77

Type of Process which Produced Wastes: Pump waste from Diesel Tank CODE NO.

(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

HAULER OF WASTE (Must be filled by hauler)

CHANCELLOR & OGDEN, INC.

3031 East "I" Street, Wilmington, California 90744

Phone: (213) 432-8461

Pick Up: 1-8-77 Time: 9 am
DATE

State Liquid Waste Hauler's Registration No. (if applicable):

Job No.: 10383 No. of Loads or Trips: 1 Unit No. 219-210A

Vehicle: ☒ vacuum truck ☐ flatbed, ☐ other (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

W. C. Evans
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DESCRIPTION OF WASTE (Must be filled by producer)

- Check type of wastes:
- | | |
|--|---|
| 1. <input type="checkbox"/> Acid solution | 11. <input type="checkbox"/> Contaminated soil and sand |
| 2. <input type="checkbox"/> Alkaline solution | 12. <input type="checkbox"/> Cannery waste |
| 3. <input type="checkbox"/> Pesticides | 13. <input type="checkbox"/> Latex waste |
| 4. <input type="checkbox"/> Paint sludge | 14. <input checked="" type="checkbox"/> Mud and water |
| 5. <input type="checkbox"/> Solvent | 15. <input type="checkbox"/> Brine |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | |
| 7. <input type="checkbox"/> Chemical toilet wastes | |
| 8. <input type="checkbox"/> Tank bottom sediment | |
| 9. <input type="checkbox"/> Oil | |
| 10. <input type="checkbox"/> Drilling mud | |

☐ Other (Specify) CODE NO.

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

Concentration: %

Upper

Lower

ppm

- | | | | | | | | | | |
|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 1. <u>Water</u> | <u>40</u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| 2. <u>Diesel Fuel</u> | <u>1</u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| 3. <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| 4. <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| 5. <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| 6. <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |

Hazardous Properties of Waste:

pH 5.00 ☐ none ☐ toxic ☒ flammable ☐ corrosive ☐ explosive

Bulk Volume: 500 gal ☐ tons ☐ barrels (42 gal.) ☐ other (SPECIFY)

Containers: (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (SPECIFY)

Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (SPECIFY)

Special Handling Instructions (if any): none

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

W. C. Evans
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): 2705 S. Santa Ana St. CODE NO.

Site Address:

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 500 gal State fee (if any):

Handling Method(s):

- ☐ recovery
- ☒ treatment (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)
- ☒ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well
- ☐ other (specify):

If waste is held for disposal elsewhere specify final location:

Disposal Date: 1-10-77

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

W. C. Evans
SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name

BILLING COPY

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

210-

000694

BILLING COPY

PRODUCER OF WASTE (Must be filled by producer) Name: <u>Alvaco Products</u> Pick up Address: <u>6301 KNOX AVE</u> (STREET) Telephone Number: <u>714 523-0320</u> P.O. or Contract No. Order Placed By: _____ Date: _____		HAULER OF WASTE (Must be filled by hauler) FALCON DISPOSAL SERVICE 3031 East "I" Street, Wilmington, California 90744 Phone: (213) 830-7662 Pick Up: <u>1-8-80</u> (DATE) Time: <u>11:05 AM</u> State Liquid Waste Hauler's Registration No. (if applicable): _____ Job No.: _____ No. of Loads or Trips: <u>1</u> Vehicle: <input type="checkbox"/> vacuum truck <input type="checkbox"/> flatbed, <input type="checkbox"/> other (SPECIFY) The described waste was hauled by me to the disposal facility named below and was accepted. I certify (or declare) under penalty of perjury that the foregoing is true and correct. Signature of Authorized Agent and Title: <u>Ken J. [Signature]</u>	
DESCRIPTION OF WASTE (Must be filled by producer) Check type of wastes: 1. <input type="checkbox"/> Acid solution 2. <input type="checkbox"/> Alkaline solution 3. <input type="checkbox"/> Pesticides 4. <input type="checkbox"/> Paint sludge 5. <input type="checkbox"/> Solvent 6. <input type="checkbox"/> Tetraethyl lead sludge 7. <input type="checkbox"/> Chemical toilet wastes 8. <input type="checkbox"/> Tank bottom sediment 9. <input type="checkbox"/> Oil 10. <input type="checkbox"/> Drilling mud 11. <input type="checkbox"/> Contaminated soil and sand 12. <input type="checkbox"/> Cannery waste 13. <input type="checkbox"/> Latex waste 14. <input type="checkbox"/> Mud and water 15. <input type="checkbox"/> Brine Other (Specify): <u>PAPE SATURATED w/oil</u> Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide) 1. _____ ppm 2. _____ ppm 3. _____ ppm 4. _____ ppm 5. _____ ppm 6. _____ ppm Concentration: _____ % Upper _____ Lower _____ Hazardous Properties of Waste: pH _____ none <input type="checkbox"/> toxic <input type="checkbox"/> flammable <input checked="" type="checkbox"/> corrosive <input type="checkbox"/> explosive Bulk Volume: _____ gal <input checked="" type="checkbox"/> tons <input type="checkbox"/> (42 gal.) <input type="checkbox"/> other (SPECIFY) Containers: _____ drums <input type="checkbox"/> cartons <input type="checkbox"/> bags <input checked="" type="checkbox"/> other <u>Acid Box</u> (SPECIFY) Physical State: <input checked="" type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> sludge <input type="checkbox"/> other (SPECIFY) Special Handling Instructions (if any): _____			
DISPOSER OF WASTE (Must be filled by disposer) Name (print or type): <u>BKK Waste Co</u> Site Address: <u>5200 Bush Ave</u> The hauler above delivered the described waste to the disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions. Quantity measured at site (if applicable): <u>8.37</u> State fee (if any): <u>8.37</u> Handling Method(s): <input type="checkbox"/> recovery <input type="checkbox"/> treatment (specify): _____ (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) <input type="checkbox"/> disposal (specify): <input type="checkbox"/> pond <input type="checkbox"/> spreading <input type="checkbox"/> landfill <input type="checkbox"/> injection well <input type="checkbox"/> other (specify): _____ If waste is held for disposal elsewhere specify final location: _____ Disposal Date: <u>1-8-80</u> I certify (or declare) under penalty of perjury that the foregoing is true and correct. The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. Signature of Authorized Agent and Title: <u>[Signature]</u>			

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).
I certify (or declare) under penalty of perjury that the foregoing is true and correct.
Signature of Authorized Agent and Title: Ken J. [Signature]

210- 001719

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

Revised December 1974

<p>PRODUCER OF WASTE (Must be filled by producer)</p> <p>Name: <u>HANKO PRODUCTS</u> CODE NO. <u> </u></p> <p>Pick up Address: <u>6301 KNOWN AVE</u> (CITY) <u>BULFORD</u></p> <p>Telephone Number: <u>533 0580</u> P.O. or Contract No. <u> </u></p> <p>Order Placed By: <u> </u> Date: <u> </u></p> <p>Type of Process which Produced Wastes: <u>VEG. OIL REFINERY</u> CODE NO. <u> </u> (Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)</p>		<p>HAULER OF WASTE (Must be filled by hauler)</p> <p>FALCON DISPOSAL SERVICE 3031 East "J" Street, Wilmington, California 90744 Phone: (213) 830-7662</p> <p>Pick Up: <u>2-1-80</u> (DATE) Time: <u>2:10</u> P.M.</p> <p>State Liquid Waste Hauler's Registration No. (if applicable): <u> </u></p> <p>Job No.: <u>4132</u> No. of Loads or Trips: <u>4</u> Unit No. <u>322</u></p> <p>Vehicle: <input type="checkbox"/> vacuum truck <input type="checkbox"/> barrels, <input type="checkbox"/> flatbed, <input type="checkbox"/> other <u>WHEELER</u> (SPECIFY)</p> <p>The described waste was hauled by me to the disposal facility named below and was accepted.</p> <p>I certify (or declare) under penalty of perjury that the foregoing is true and correct.</p>		<p>DISPOSER OF WASTE (Must be filled by disposer)</p> <p>Name (print name): <u>D.B. KIRGA</u> CODE NO. <u> </u></p> <p>Site Address: <u>W.C.C.</u> CODE NO. <u> </u></p> <p>The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.</p> <p>Quantity measured at site (if applicable): <u>5.30</u> State fee (if any): <u>5.30</u></p> <p>Handling Method(s): <input type="checkbox"/> recovery <input checked="" type="checkbox"/> treatment (specify): <u>INCINERATION, NEUTRALIZATION, PRECIPITATION</u> CODE NO. <u> </u></p> <p><input checked="" type="checkbox"/> disposal (specify): <input type="checkbox"/> pond <input type="checkbox"/> spreading <input type="checkbox"/> landfill <input type="checkbox"/> injection well</p> <p>If waste is held for disposal elsewhere, specify final location: <u>10/1/80</u> CODE NO. <u> </u></p> <p>Disposal Date: <u>10/1/80</u></p> <p>I certify (or declare) under penalty of perjury that the foregoing is true and correct.</p> <p>The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.</p>	
<p>DESCRIPTION OF WASTE (Must be filled by producer)</p> <p>Check type of wastes:</p> <div style="display: flex; justify-content: space-between;"> <div> <p>1. <input type="checkbox"/> Acid solution</p> <p>2. <input type="checkbox"/> Alkaline solution</p> <p>3. <input type="checkbox"/> Pesticides</p> <p>4. <input type="checkbox"/> Paint sludge</p> <p>5. <input type="checkbox"/> Solvent</p> </div> <div> <p>6. <input type="checkbox"/> Tetraethyl lead sludge</p> <p>7. <input type="checkbox"/> Chemical toilet wastes</p> <p>8. <input type="checkbox"/> Tank bottom sediment</p> <p>9. <input type="checkbox"/> Oil</p> <p>10. <input type="checkbox"/> Drilling mud</p> </div> <div> <p>11. <input type="checkbox"/> Contaminated soil and sand</p> <p>12. <input type="checkbox"/> Cannery waste</p> <p>13. <input type="checkbox"/> Latex waste</p> <p>14. <input type="checkbox"/> Mud and water</p> <p>15. <input type="checkbox"/> Brine</p> </div> </div> <p><input checked="" type="checkbox"/> Other (Specify) <u>PAPER SATURATED w/ oil</u></p> <p>Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanides)</p> <p>1. <u>CHERRY OIL</u> ppm <u> </u></p> <p>2. <u> </u> ppm <u> </u></p> <p>3. <u>PAINT OIL</u> ppm <u> </u></p> <p>4. <u>SOY BEAN OIL</u> ppm <u> </u></p> <p>5. <u> </u> ppm <u> </u></p> <p>6. <u> </u> ppm <u> </u></p>		<p>Hazardous Properties of Waste:</p> <p>pH <u> </u> <input type="checkbox"/> none <input type="checkbox"/> toxic <input checked="" type="checkbox"/> flammable <input type="checkbox"/> corrosive <input type="checkbox"/> explosive</p> <p>BULK Volume: <u> </u> gal <input checked="" type="checkbox"/> tons <input type="checkbox"/> barrels (42 gal.) <input type="checkbox"/> other (SPECIFY)</p> <p>Containers: <u>1 Box 40yds</u> <input type="checkbox"/> cartons <input type="checkbox"/> bags <input type="checkbox"/> other (SPECIFY)</p> <p>Physical State: <input checked="" type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> sludge <input type="checkbox"/> other (SPECIFY)</p> <p>Special Handling Instructions (if any): <u>none</u></p>			
<p>The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).</p> <p>I certify (or declare) under penalty of perjury that the foregoing is true and correct.</p> <p><u>Rafael Cardenas</u> Signature of Authorized Agent and Title <u>Plant Supervisor</u></p>		<p>FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.</p> <p>D.O.T. Proper Shipping Name <u> </u></p> <p>HAULER—OFFICE FILE COPY</p>			

BKK-12-C-018-00004237

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Enland Chemical
Pick up Address: 2023 W Collins Orange (City)
Telephone Number: (714) 659-4501 P.O. or Contract No.:
Order Placed By: 3/15/77 Date:

Type of Process which Produced Wastes: Solvent Refining
(Examples: metal plating, equipment cleaning, oil drilling—Code No. _____)
wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:
1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical collect wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Gunwerry waste
13. ☐ Latex waste
14. ☐ Sludge and water
15. ☐ Urine
☐ Other (Specify) _____ Code No. _____

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanides)
1. Methylene Chloride
2. Acetone
3. Toluol
4. _____
5. _____
6. _____
Concentration: _____ ppm
Upper _____ Lower _____

Hazardous Properties of Wastes:
pH _____ Toxic ☐ none ☒ flammable ☐ corrosive ☐ explosive
Bulk Volume: 1400 gal ☒ drums ☐ cartons ☐ barrels (42 gal) (specify)
Containers: _____ (Number) _____
Physical State: _____
Special Handling Instructions (if any): sludge

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).
I certify (or declare) under penalty of perjury that the foregoing is true and correct.
Enland Chemical
Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): SOUTHLAND DRAIN OIL CO.
Business Address: 13219 Goller Ave Norwalk, ca. 90650 (City)
Telephone Number: (213) 863-701 Pick up: 3/15/77 Time: 10:30 am
State Liquid Waste Hauler's Registration No. (if applicable): 165

Job No.: _____ No. of Loads or Trips: 1 Unit No.: 2
Vehicle: ☒ vacuum truck 30 barrels, ☐ flatbed, ☐ other (specify)
The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): BKK
Site Address: 2205 S. Highway 111, CA 90647 Code No. _____
Signature of authorized agent and title: Charles R. Walker

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RCQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 1400 gal State fee (if any): 300

Handling Method(s):

☐ recovery
☐ treatment (specify): _____
☐ disposal (specify): ☒ spreading, ☐ landfill, ☐ injection well (specify) _____ Code No. _____

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 3-15-77
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

Signature of authorized agent and title: Paul

329

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

SEE REVERSE SIDES FOR INSTRUCTIONS, PLEASE TYPE OR PRINT CLEARLY.

27760

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

① MANIFEST NUMBER 063 N: 004006

③ ALTERNATE TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

② DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

GENERATOR (GENERATOR MUST COMPLETE)
Inland Specialty Chemical Corp.

③ NAME: BKK CORP
EPA NO.: 104101627867419
ADDRESS: 2210 S AZUSA
CITY, STATE, ZIP CODE: WEST COAST
PHONE NO.: 923 965-0911
ORDER DATE: 10/19
CONTRACT NO.: 27760

④ U.S. DOT PROPER SHIPPING NAME: Methylene Chloride, Methylene Chloride
WASTE: Methylene Chloride
U.S. DOT HAZARD CLASS: 3
UN/NA I.D. NO.: 1593
WEIGHT OR VOLUME: 100
UNITS: 624.4
CONTAINERS NUMBER: 1
BAGS: 0
CARTONS: 0
DUMP TRUCK: 0

⑤ WASTE CATEGORY: 65
⑥ LIST COMPONENTS:
A: Methylene Chloride
B: Methylene Chloride
C: Methylene Chloride
D: Methylene Chloride
⑦ EX. HAZ. WASTE PERMIT NO.: N/A
⑧ GENERATING PROCESS: Wash water
CONC RANGE: 5.0
UPPER: 5.0
LOWER: 5.0
UNITS: 92.0
PPM: 5.0
PPM: 5.0
PPM: 5.0
PPM: 5.0
⑨ WASTE PROPERTIES: PH: 5.0
TOXIC: 0
FLAMMABLE: 0
CORROSIVE/IRRITANT: 0
REACTIVE: 0
SENSITIZER: 0
CARCINOGEN/MUTAGEN: 0
⑩ PHYSICAL STATE: SOLID: 0
SLUDGE: 0
SLURRY: 0
GAS: 0
OTHER: 0
⑪ SPECIAL HANDLING INSTRUCTIONS: 0
GLOVES: 0
GOGGLES: 0
RESPIRATOR: 0
OTHER: 0

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802
③ SIGNATURE OF AUTHORIZED AGENT & TITLE: [Signature]
DATE SHIPPED: 10/20

TRANSPORTER (HAULER MUST COMPLETE)
④ NAME: UNITED PUMPING SERVICE
EPA NO.: 104101627867419
ADDRESS: 14016 EAST VALLEY BOULEVARD
CITY, STATE, ZIP CODE: CITY OF INDUSTRY, CA 91746
PHONE NO.: (213) 961-9326
⑤ PICK-UP DATE: 10-20-01
TIME: 7 AM
⑥ JOB NO.: 23715
⑦ UNIT NO.: 10
⑧ SIGNATURE OF AUTHORIZED AGENT & TITLE: [Signature]

TSD FACILITY (OPERATOR MUST COMPLETE)
⑨ NAME: [Signature]
EPA NO.: 104101627867419
⑩ QUANTITY (IF MEASURED): 100
⑪ STATE FEE (IF ANY): \$ 17.86
⑫ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
⑬ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME: [Signature]
EPA NO.: [Signature]
⑭ DATE ACCEPTED: 10-20-01

REVISED 11/80

BKK-10-C-050-00000054

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): RICHARDSON GRAPHICS Code No.
Pick up Address: 1042 Wallace Place (City) --City of Industry
Telephone Number: (905-8456) P.O. or Contract No.
Order Placed By: Mrs Gay Date: 10-27-75

Type of Process which Produced Wastes: PRINTING MATERIAL
(Examples: metal plating, equipment cleaning, oil drilling--Code No.
wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. <input type="checkbox"/> Acid solution	8. <input type="checkbox"/> Tank bottom sediment
2. <input type="checkbox"/> Alkaline solution	9. <input type="checkbox"/> Oil
3. <input type="checkbox"/> Pesticides	10. <input type="checkbox"/> Drilling mud
4. <input type="checkbox"/> Paint sludge	11. <input type="checkbox"/> Contaminated soil and sand
5. <input type="checkbox"/> Solvent	12. <input type="checkbox"/> Cannery waste
6. <input type="checkbox"/> Tetraethyl lead sludge	13. <input type="checkbox"/> Latex waste
7. <input type="checkbox"/> Chemical toilet wastes	14. <input type="checkbox"/> Mud and water
	15. <input type="checkbox"/> Hyne

☐ Other (Specify): Defective Developing SOLUTIONS. Code No.

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration:		ppm
	Upper	Lower	
1.			
2.			
3.			
4.			
5.			
6.			

Hazardous Properties of Waste:

pH <u> </u>	<input checked="" type="checkbox"/> none	<input type="checkbox"/> toxic	<input type="checkbox"/> flammable	<input type="checkbox"/> corrosive	<input type="checkbox"/> explosive
Bulk Volume: <u> </u>	<input type="checkbox"/> gal	<input type="checkbox"/> tons	<input type="checkbox"/> barrels (42 gal)	<input type="checkbox"/> other (specify)	
Containers: <u>45</u> (Number)	<input type="checkbox"/> drums	<input checked="" type="checkbox"/> cartons	<input type="checkbox"/> bags	<input type="checkbox"/> other (specify)	
Physical State: <u> </u>	<input type="checkbox"/> solid	<input checked="" type="checkbox"/> liquid	<input type="checkbox"/> sludge	<input type="checkbox"/> other (specify)	

Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Mrs. Richardson
Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): City of Industry Disposal Co. Code No. 592
Business Address: 420 North Del Valle (City) --City of Industry
Telephone Number: (336-5439) Pick Up: 10-27-75 Time: am
State Liquid Waste Hauler's Registration No. (if applicable): 00193

Job No.: No. of Loads or Trips: one Unit: No.: 3
Vehicle: ☐ vacuum truck ☐ barrels, ☐ flatbed, ☐ other (specify) Pickup
The described waste was hauled by me to the disposal facility named below and was accepted.
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)
Name (print or type): BKR Co Code No.
Site Address: 2210 Azusa w.c.
Signature of authorized agent and title: [Signature]

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RMQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 45 QT State fee (if any): CASES OF 4 EA.

Handling Method(s):
☐ recovery
☐ treatment (specify):
☒ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well ☐ other (specify):

If waste is held for disposal elsewhere specify final location:
Disposal Date: 10-27-75
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

Signature of authorized agent and title: [Signature]

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)

Name SIENA CHEMICAL CORP Zip Code 91703
Pick up Address: 2516 WOODLAND DR (CITY)
Telephone Number: (714) 445-0083 P.O. or Contract No.:
Order Placed By: DATE TIME WASH Date: 10
Type of Process which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:
1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☐ Mud and water
15. ☐ Brine

Other (Specify) None CODE NO.
Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)
Concentration: Upper Lower % ppm
1.
2.
3.
4.
5.
6.

Hazardous Properties of Waste:
pH 11.5 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive
Bulk Volume: 115 gal ☐ tons ☐ (42 gal.) barrels ☐ other (SPECIFY)
Containers: drums ☐ cartons ☐ bags ☐ other (SPECIFY)
Physical State: ☐ solid ☐ liquid ☒ sludge ☐ other (SPECIFY)
Special Handling Instructions (if any): None

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).
I certify (or declare) under penalty of perjury that the foregoing is true and correct.
A. M. Scott Carls
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): SUMP DOCTOR
Business Address: 4080 W 1ST ST #279 Santa Ana CA 92703
Telephone Number: (714) 445-0083 Pick Up: 10/14/83 (City) Time: 2:30 Ppm
State Liquid Waste Hauler's Registration No. (if applicable): 230
Job No.: 3010 Unit No.: 2
Vehicle: ☒ vacuum truck ☐ barrels, ☐ flatbed, ☐ other (specify)
The described waste was hauled by me to the disposal facility named below and was accepted. I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): B.K.K.
Site Address: 2710 S. AZUSA, W. CORNER ON 91797
The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.
Quantity measured at site (if applicable): see 83009432 State fee (if any):
Handling Method(s):
☐ recovery
☐ treatment (specify):
☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well
☐ other (specify):
If waste is held for disposal elsewhere specify final location:
Disposal Date: 3/19/83
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
David Lee
SIGNATURE OF AUTHORIZED AGENT AND TITLE

GEN 69000 OLD/NEW L A TONS 2.80
TRAN 230 75-321 RT CD 60 HWE 83009432
C/Q

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.
D.O.T. Proper Shipping Name

State of California—Health and Welfare Agency

Department of Health Services

HAZARDOUS WASTE MANAGEMENT BRANCH

UNIFORM HAZARDOUS WASTE MANIFEST

744 P Street
Sacramento, CA 95814

STATE ID NUMBER **8 3073574**

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

SIGMA CHEMICAL CORP.
2516 WOODLAND DR.
ANAHEIM, CA 92811
AREA CODE/PHONE NUMBER **714/821-0681**

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CA 9980737927

TRANSPORTER NO.

SUMP DOCTOR
4080 WILLY ST.
SANTA ANA, CA.

VEH./CONTAINER NO.

EPA ID NUMBER

11410005CA 4080033764

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT STORAGE, OR DISPOSAL (TSD) FACILITY

BKK
2210 SO. AZUSA AVE
WEST COVINA, CA
AREA CODE/PHONE NUMBER **213/965-0916**

EPA ID NUMBER

CA 947784749

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT NO.

DISP.
METH

CORROSIVE MATERIAL NOS.
TRICHLOROPHENOL (ORMA)

NA 2020

1163 LBS

14DF18103

CORROSIVE MATERIAL NOS

NA 2020

1170 LBS

12DF18103

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

TRICHLOROPHENOL

90

PENTACHLOROPHENOL

90

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

William H. Carls

MO. **11** DAY **25** YR. **83**

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

Debbie

DATE REC'D & ACCEPTED

MO. **11** DAY **25** YR. **83**

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

058

DATE REC'D & ACCEPTED

MO. **11** DAY **25** YR. **83**

DISCREPANCY INDICATION SPACE

GEN 10900	OLD/NEW	L 5	A 1	TONS 0.96
TRAN 0230	24-252	RT 35R	B 1	HWF 18.00
CM 6		CD 35R		

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

Printed or typed full name and signature

KAY SIMPSON

EPA ID NUMBER

MO. **11** DAY **26** YR. **83**

CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

See reverse side for Instructions.
Please type or print clearly. Press Hard.

① Manifest Number **025-100020**

④ Alternate TSD Facility

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

(Generator Must Complete)

② Name Surplus Petro Chem Name BKK
EPA NO. CAD 0082861858 EPA NO. CAD 067786749
Address 19530 So. Hammon Rd. 90221 Address 2310 AZUZA
City, State, Zip Compton, Ca. 90221 City, State, Zip W.C.

⑤ U.S. DOT PROPER SHIPPING NAME WATER & GREASE U.S. DOT HAZARD CLASS 045 UN/NA ID NO. None Hazardous WEIGHT OR VOLUME 35 BBLs. UNITS
WASTE WATER & GREASE
CONTAINERS NUMBER: 35 BBLs.
TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☒ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER

⑥ WASTE CATEGORY WATER GREASE ⑦ EX. HAZ. WASTE PERMIT NO. None ⑧ GENERATING PROCESS Recycling on Pump out

LIST COMPONENTS:
⑨ A. 50% GREASE B. 50% WATER
C. None D. None
WASTE PROPERTIES: pH 7.0 ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen
⑩ PHYSICAL STATE: ☐ Solid ☐ Liquid ☒ Sludge ☐ Gas ☐ Other
⑪ SPECIAL HANDLING INSTRUCTIONS: ☒ Gloves ☐ Goggles ☐ Respirator

⑫ WASTE PROPERTIES: pH 7.0 ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen
⑬ PHYSICAL STATE: ☐ Solid ☐ Liquid ☒ Sludge ☐ Gas ☐ Other
⑭ SPECIAL HANDLING INSTRUCTIONS: ☒ Gloves ☐ Goggles ☐ Respirator

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑭ NAME CROSBY & OVERTON, INC. (HAULER MUST COMPLETE)
EPA NO. CAD 0028409019
ADDRESS 1620 W. 16th Street PHONE NO. (213) 432-5445
CITY, STATE, ZIP Long Beach, CA 90813

⑮ PICK-UP DATE 12-12-80 TIME 0800 ☐ AM ☐ PM
⑯ SIGNATURE OF AUTHORIZED AGENT AND TITLE Albert Lucero Date Shipped 12-12-80

⑰ NAME BKK ⑱ QUANTITY (If Measured) 3.88
EPA NO. CAD 0067786749 ⑲ STATE FEE (If Any) 0
PHONE NO. 965-0916

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
⑳ NAME None ㉑ SIGNATURE OF AUTHORIZED AGENT AND TITLE Albert Lucero Date Accepted 12/12/80
EPA NO. None ㉒ SIGNATURE OF AUTHORIZED AGENT AND TITLE None Date Accepted None

ORIGINAL

009-023273

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

Revised December 1974

PRODUCER OF WASTE Name: <u>Southwest Petrochem</u> Pick up Address: <u>19503 S. Alameda</u> (City) Telephone Number: <u>213-1639-4504</u> P.O. or Contract No.: Order Placed By: <u>Dennis Lohr</u> Date: <u>12-19-79</u>		HAULER OF WASTE CHANCELLOR & OGDEN, INC. 3031 East "I" Street, Wilmington, California 90744 Phone: (213) 432-8461	
Type of Process which Produced Wastes: <u>Cleaning Boiler</u> (Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)		State Liquid Waste Hauler's Registration No. (if applicable): Job No.: <u>12148</u> No. of Loads or Trips: <u>1</u> Unit No. <u>201</u> Vehicle: <input checked="" type="checkbox"/> vacuum truck <input type="checkbox"/> flatbed, <input type="checkbox"/> other (Specify) The described waste was hauled by me to the disposal facility named below and was accepted. I certify (or declare) under penalty of perjury that the foregoing is true and correct.	
DESCRIPTION OF WASTE Check type of wastes: 1. <input checked="" type="checkbox"/> Acid solution 2. <input type="checkbox"/> Alkaline solution 3. <input type="checkbox"/> Pesticides 4. <input type="checkbox"/> Paint sludge 5. <input type="checkbox"/> Solvent 6. <input type="checkbox"/> Tetraethyl lead sludge 7. <input type="checkbox"/> Chemical toilet wastes 8. <input type="checkbox"/> Tank bottom sediment 9. <input type="checkbox"/> Oil 10. <input type="checkbox"/> Drilling mud 11. <input type="checkbox"/> Contaminated soil and sand 12. <input type="checkbox"/> Cannery waste 13. <input type="checkbox"/> Latex waste 14. <input checked="" type="checkbox"/> Mud and water 15. <input type="checkbox"/> Brine Other (Specify): Components: Hydrochloric acid, lime, caustic soda, phenolics solvents (list), metals (list), organics (list), cyanide)		Name (print or type): <u>BKK</u> Site Address: <u>2210 S. AZUSA</u> The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions. Quantity measured at site (if applicable): <u>13.73</u> State fee (if any): <u>13.73</u> Handling Method(s): <input type="checkbox"/> recovery <input type="checkbox"/> treatment (specify): <input checked="" type="checkbox"/> disposal (specify): <input type="checkbox"/> pond <input type="checkbox"/> spreading <input type="checkbox"/> landfill <input type="checkbox"/> injection well If waste is held for disposal elsewhere specify that location: Disposal Date: <u>12/19/79</u> I certify (or declare) under penalty of perjury that the foregoing is true and correct.	
Hazardous Properties of Waste: pH <u>7.0</u> <input checked="" type="checkbox"/> none <input type="checkbox"/> toxic <input type="checkbox"/> flammable <input type="checkbox"/> corrosive <input type="checkbox"/> explosive Bulk Volume: <u>100</u> gal <input type="checkbox"/> tons <input checked="" type="checkbox"/> barrels (42 gal.) Containers: <u>100</u> drums <input type="checkbox"/> cartons <input type="checkbox"/> bags <input checked="" type="checkbox"/> other VAC Physical State: <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> sludge <input type="checkbox"/> other Special Handling Instructions (if any): <u>None</u>		The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. BKK LAIS REP PH OIL ALSO CONTAINS CHLORINATED SOLVENTS SPECIAL HANDLING REQ FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.	
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable). I certify (or declare) under penalty of perjury that the foregoing is true and correct.		Signature of Authorized Agent and Title: <u>Dennis Lohr</u>	

HAULER OFFICE FILE COPY

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SP
S
S

No. 12334

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Uniproyal Co
Pick up Address: 10000 (City)
Telephone Number: 10000 (State) P.O. or Contract No. 10000

Order Placed By: Bob. Walters Date: 10/10/78
Type of Process: Holding Tank
Which Produced Wastes: Examples: metal plating, equipment cleaning, oil drilling, wastewater treatment, pickling bath, petroleum refining

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:
1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetrachloride lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Camery waste
13. ☐ Latex waste
14. ☐ Mud and water
15. ☐ Brine
☐ Other (Specify) _____ Code No. _____

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)
Concentration: %
Upper _____ Lower _____ ppm
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Hazardous Properties of Wastes:
pH _____
Bulk Volume: 100 (Number) ☐ toxic ☐ flammable ☐ explosive
Containers: 100 (Number) ☐ drums ☐ cartons ☐ barrels (42 gal) ☐ bags
Physical State: ☐ solid ☒ liquid ☐ sludge
Special Handling Instructions (if any): none

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).
I certify (or declare) under penalty of perjury that the foregoing is true and correct.
D.E. Buckwalter
Signature of authorized agent and title

PRESS FIRMLY - YOU ARE SIGNING 6 COPIES

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): INCORPORATED
Business Address: 2221 LOMA ST., SO. EL MONTE, CALIF. 91733 Code No. _____
Telephone Number: (213) 443-0103 Pick Up: 10/2/78 Time: _____
State Liquid Waste Hauler's Registration No. (if applicable): 139

Job No.: 9463 No. of Loads or Trips: 1 Unit No.: L-3
Vehicle: vacuum truck ☒ flatbed, ☐ other (specify) _____
The described waste was hauled by me to the disposal facility named below and was accepted.
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)
Signature of authorized agent and title
Name (print or type): 2210 HESSA-WC Code No. _____
Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.
Quantity measured at site (if applicable): 1742 State fee (if any): _____
Handling Method(s):
☐ recovery
☐ treatment (specify): _____
☒ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify): _____ Code No. _____

If waste is held for disposal elsewhere, specify final location:
Disposal Date: 10-2-78
I certify (or declare) under penalty of perjury that the foregoing is true and correct.
Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.
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CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SP No. 12024
HAULER OF WASTE (Must be filled by hauler)

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): UNIRoyal CO
Pick up Address: Telegraph Rd, Burren
Telephone Number: (City)
Order Placed By: Bob Watkins Date: 10/2/78

Type of Process which Produced Wastes: Holding Tank Cleaning
(Examples: metal plating, equipment cleaning, oil drilling, wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

- Check type of wastes:
- | | |
|--|---|
| 1. <input type="checkbox"/> Acid solution | 8. <input type="checkbox"/> Tank bottom sediment |
| 2. <input type="checkbox"/> Alkaline solution | 9. <input checked="" type="checkbox"/> Oil |
| 3. <input type="checkbox"/> Pesticides | 10. <input type="checkbox"/> Drilling mud |
| 4. <input type="checkbox"/> Paint sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent | 12. <input type="checkbox"/> Camery waste |
| 6. <input type="checkbox"/> Tetrachyl lead sludge | 13. <input type="checkbox"/> Latex waste |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> Mud and water |
| | 15. <input type="checkbox"/> Brine |

☐ Other (Specify) _____ Code No. _____

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	%	ppm
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Wastes:
pH: 100 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive
Bulk Volume: 100 ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)
Containers: 1 ☐ drums ☐ cartons ☐ bags ☐ other (specify)
Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (specify)
Special Handling Instructions (if any): NONE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).
I certify (or declare) under penalty of perjury that the foregoing is true and correct.
Bob Watkins
Signature of authorized agent and title

PRESS FIRMLY - YOU ARE SIGNING 6 COPIES

Name (print or type): INCORPORATED

Business Address: 2221 LOMA ST., SO. EL MONTE, CALIF. 91733 Code No. _____

Telephone Number: (213) 443-0103 Pick Up: 10/2/78 Time: _____

State Liquid Waste Hauler's Registration No. (if applicable): 139

Job No.: 9463 No. of Loads or Trips: 1 Unit No.: L-3

Vehicle: ☒ Vacuum truck 100 ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)
Signature of authorized agent and title
Bob Watkins

Name (print or type): _____ Code No. _____

Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 18.05 State fee (if any): _____

Handling Method(s):

- ☐ recovery
☐ treatment (specify): _____
☒ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify): _____

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 10/2/78

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
Bob Watkins
Signature of authorized agent and title

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

208

009-000544

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

Revised December 1974

PRODUCER OF WASTE (Must be filled by producer)		HAULER OF WASTE (Must be filled by hauler)	
Name (Print or type)	WILCO CHEMICAL	Name (Print or type)	CHANCELLOR & OGDEN, INC.
Pick up Address	2100 E 23RD ST CARSON (City)	3031 East "I" Street, Wilmington, California 90744	
Telephone Number	515-894-3533 (Area)	Phone: (213) 432-8461	
Order Placed By	SS: [Signature]	Pick Up: 4-1-75 Time: 9 AM	
Type of Process which Produced Waste	DA. HYDROLYS - S-PIT	State Liquid Waste Hauler's Registration No. (if applicable): 18731	
DESCRIPTION OF WASTE (Must be filled by producer)		DISPOSER OF WASTE (Must be filled by hauler)	
Check type of wastes: 1. <input checked="" type="checkbox"/> Acid solution 2. <input type="checkbox"/> Alkaline solution 3. <input type="checkbox"/> Pesticides 4. <input type="checkbox"/> Paint sludge 5. <input type="checkbox"/> Solvent 6. <input type="checkbox"/> Tetraethyl lead sludge 7. <input type="checkbox"/> Chemical toilet wastes 8. <input type="checkbox"/> Tank bottom sediment 9. <input type="checkbox"/> Oil 10. <input type="checkbox"/> Drilling mud 11. <input type="checkbox"/> Contaminated soil and sand 12. <input type="checkbox"/> Cannery waste 13. <input type="checkbox"/> Latex waste 14. <input type="checkbox"/> Mud and water 15. <input type="checkbox"/> Brine Other (Specify): Components: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide		Name (print or type): B.B. B. DISP Site Address: 2810 S. PULVER, WILMINGTON, CA 90744 The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions. Quantity measured at site (if applicable): 100 bbls. State fee (if any): 10.00 Handling Method(s): <input type="checkbox"/> recovery <input type="checkbox"/> treatment (specify): <input type="checkbox"/> disposal (specify): pond <input type="checkbox"/> spreading <input type="checkbox"/> landfill <input type="checkbox"/> injection well If waste is held for disposal elsewhere specify final location: Disposal Date: 4-1-75 The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.	
Hazardous Properties of Waste: pH 1-2 <input type="checkbox"/> none <input type="checkbox"/> toxic <input type="checkbox"/> flammable <input type="checkbox"/> corrosive <input type="checkbox"/> explosive Bulk Volume: 100 gal <input type="checkbox"/> tons <input type="checkbox"/> other (specify) Containers: (Number) <input type="checkbox"/> drums <input type="checkbox"/> bags <input type="checkbox"/> other (specify) Physical State: <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> sludge <input type="checkbox"/> other (specify) Special Handling Instructions (if any): The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable). I certify (or declare) under penalty of perjury that the foregoing is true and correct.		Signature of Authorized Agent and Title: [Signature] D.O.T. Proper Shipping Name: HAULER - OFFICIAL COPY	

BKK-22-A-093-00011267

009-009170

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

CHANCELLOR & OGDEN, INC.
3031 East "I" Street, Wilmington, California 90744
Phone: (213) 432-8461

Name White Chemical CODE NO. 00
Pick up Address: 3100 E 223rd St Carson (CITY)
Telephone Number: (313) 830-4353 P.O. or Contract No.:
Order Placed By: _____ Date: _____

Type of Process Alkyl Carbon Treaters CODE NO. 00
which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled in)
Check type of waste:
1. ☒ Acid solution
2. ☐ Alkaline solution
3. ☐ Petroleum
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☒ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Cannery waste
13. ☐ Latex waste
14. ☒ Mud and water
15. ☐ Brine

Other (Specify) sand and grease trap CODE NO. 00
Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Lower	Concentration: %	ppm
1. Carbon	25	15		
2. Oil	50	5		
3. Mud	50	5		
4. Ammonia chloride	1	0.1		
5.				
6.				

Hazardous Properties of Waste:
pH 6 ☐ none ☐ toxic ☒ flammable ☒ corrosive ☐ explosive
Bulk Volume: 100 gal ☐ tons ☐ drums ☐ cartons ☒ bags ☐ other truck (SPECIFY)
Containers: _____ drums ☐ solid ☒ liquid ☐ sludge ☐ other (SPECIFY)
Physical State: _____
Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

h. o. Foster
SIGNATURE OF AUTHORIZED AGENT AND TITLE

Pick Up: 5-22-80 Time: 12 PM
(BKK) 9

State Liquid Waste Hauler's Registration No. (if applicable):
Job No.: 13661 No. of Loads or Trips: 1 Under 230-187A
Vehicle: ☒ vacuum truck 120 barrels, ☐ flatbed, ☐ other (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled in)
Name (print or type): 220 BKK CODE NO. 00
Site Address: 220 BKK CODE NO. 00

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.
Quantity measured at site (if applicable): 19.39 State fee (if any): 19.39

Handling Method(s):
☐ recovery
☐ treatment (specify):
☒ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ incineration well
☐ other (specify):

If waste is held for disposal, please specify final location:
Disposal Date: 5-22-80
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.



FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name _____

HAULER OFFICE FILE